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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/458,319	
	Filing Date	12/10/99 <b>RECEIVED</b>	
	First Named Inventor	Smyth <b>OCT 18 2004</b>	
	Art Unit	2616 <b>Technology Center 2100</b>	
	Examiner Name	Usha Ramani	
Total Number of Pages in This Submission		Attorney Docket Number	DIVA 043 (SEDN 043)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div><b>RECEIVED</b> <b>OCT 18 2004</b> <b>Technology Center 2600</b></div>		
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP
Signature	
Date	October 12, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	C.W. Lison		
Signature		Date	10-12-04

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<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;">OIPF OCT 1 8 2004 RECEIVED</div><div><h1 style="margin: 0;">FEE TRANSMITTAL</h1><h2 style="margin: 0;">for FY 2005</h2><p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p><p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p></div></div>		Complete if Known	
		Application Number	09/458,319
		Filing Date	December 10, 1999
		First Named Inventor	Smyth
		Examiner Name	Usha Raman
Art Unit	2616		
Attorney Docket No.		DIVA-043 (SEDN/043)	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																	
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other   <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="margin-top: 10px;"><div>Deposit Account Number: 20-0782</div><div>Deposit Account Name: Moser, Patterson &amp; Sheridan, LLP</div></div> <div style="margin-top: 10px; font-size: x-small;">The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>				<h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180</td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6" style="padding-top: 10px;">Other fee (specify) _____</td></tr><tr><td colspan="6" style="text-align: right; 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Eamon J. Wall	Registration No. (Attorney/Agent)	39,414	Telephone	(732) 530-9404
Signature				Date	October 12, 2004

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